


| UNITED STATES DISTRICT COURT<br>DISTRICT OF NEW JERSEY  |   | REQUEST FOR PAYMENT OF<br>ADMINISTRATIVE EXPENSE |
|---|---|--|
| In re:  | Chapter 11<br><br>Case Number:  | THIS SPACE IS FOR COURT USE ONLY                 |
| NOTE: This form should not be used for an unsecured claim arising prior to the commencement of the case. In such instances, a proof of claim should be filed.   |   |  |
| Name of Creditor:<br>(The person or other entity to whom the debtor owed money or property.)<br>_____   | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |  |
| Name and Addresses Where Notices Should Be Sent:  |   |  |
| ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:  | Check here if this request:<br><input type="checkbox"/> replaces a previously filed request, dated:<br><input type="checkbox"/> amends a previously filed request, dated:   |  |
| <b>1. BASIS FOR CLAIM</b><br><br><input type="checkbox"/> Goods Sold<br><input type="checkbox"/> Services performed<br><input type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input type="checkbox"/> Other (Describe briefly) _____                                    | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a)<br><input type="checkbox"/> Wages, salaries and compensations (Fill out below)<br><br>Provide last four digits of your social security number _____  |  |
| 2. DATE DEBT WAS INCURRED:  |   |  |
| 3. TOTAL AMOUNT OF REQUEST AS OF ABOVE DATE: _____<br><br><input type="checkbox"/> Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges.  |   |  |
| 4. Secured Claim<br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral:<br><br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle<br><input type="checkbox"/> Other (Describe briefly) _____<br><br>Value of Collateral: \$_____ | THIS SPACE IS FOR COURT USE ONLY  |  |
| <input type="checkbox"/> Check this box if there is no collateral or lien securing your claim.  |   |  |
| 5. <b>Credits:</b> The amount of all payments have been credited and deducted for the purposes of making this request for payment of administrative expenses.   |   | THIS SPACE IS FOR COURT USE ONLY                 |
| 6. <b>Supporting Documents:</b> Attach copies of supporting documents, such as purchase orders, invoices, itemized statements of running accounts, contracts as well as any evidence of perfection of a lien.<br><br>DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain.<br>If the documents are voluminous, attach a summary. |   |  |
| 7. <b>Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your request, enclose a self-addressed envelope and copy of this request.  |   |  |
| Date:   | Sign and print below the name and title, if any, of the creditor or other person authorized to file this request (attach copy of power of attorney, if any).<br><br> _____   |  |
| <i>Penalty for presenting fraudulent claim:</i> Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.  |   |  |

NOTE: The filing of this request will not result in the scheduling of a hearing to consider payment of your administrative claim but will result in the registry of your administrative claim with the Bankruptcy Court. If you wish to have a hearing scheduled on your claim, you must file a motion in accordance with D.N.J. LBR 3001-1(b).

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